Bank of Sha	arjah													Date	): <b>*</b>		(-1-1/	
Branch:*																	(dd/mm/yy)	VV)
By the debit of my	A/C No	*																
By the debit of my/our  A/C Name *																		
Please transfer an amount of *		(Currenc	V)	(Amou	nt)						(Amoun	t in Words	s)					
[ ] One-Time	Execut	ion Da	ite															
[ ] Recurring	[ ] Da	ily	[ ] Weel	kly [	] Fortnig	ghtly [	[ ] Mont	hly [	] Ev	very 2 m	onths	[ ]	Quarter	ly [	] Half	f-yearl	y [ ]	Yearly
	Starting The bar		rves the	right to (	charge fo	or any un		<b>g Date</b> ful atten	npt di	ue to ins	ufficier	nt fund	's.	OR [	] until	l furthe	er notice	
	Beneficiary's Bank				S AVAII	LABLE W	/ITH TH	E BANK	( UNI	DER MY	/OUR	ACCC	OUNT M	IENTIC	NED	ABOV	<u>/E</u>	
57			Name * Address *															
			- 10.0					Swift (	Code	/ Chips IE	) / Austr	ralia BS	SB Code	/				
			Country *					USA F	Fed W	Vire / USA	ABA / I	UK Sor	t Code					
59	Beneficiary		No.* / I															
			Name *	•														
			Addres	ss *														
			Country *															
	D		Journa	,														
70*	Purpose of Pay (Remittance Inform																	
71*	[ ] All local and overseas charges borne OR [ ] All local and overseas charges OR [ ] Local charges borne by remitter & overseas by beneficiary (BEN) borne by remitter (OUR) charges borne by beneficiary (SHA)																	
CTD-05	Transaction Co	ode *																
Special Instruct Intermediary (If any)	ions /																	
I/We confirm that the Country I ran Syria Sudan South Sudan Russia Other countries the United State		ctioned	by the Un	ited Natio		rectly, related  Related  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]		ne follow ot Relate [ ] [ ] [ ] [ ] [ ]		Commen								
[ ] I/We accept the	e Bank's Terms	and C	onditions	, publis	ned on B	ank's we	bsite, ur	nder whi	ch fu	ınds are	accept	ed for	remitta	nce by	transf	fer.*		
Yours Faithful  Authorized Sig																		
For Bank Use																	* Mandato	orv Fields
FX Rate		Amount Equiva				alent of		10							0			
Value Date				01		Commis	sion	(Curren	icv)					(Amoun	<u>it)</u>			
	(dd/mm/vy	(dd/mm/vvvv)	1	Charge		Expense	25											

Signature Verify

Authority